

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09-057-036

FILING DATE

4-8-98

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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47			/			
48			/			
49			/			
50			/			
TOTAL IND.			↓		↓	
TOTAL DEP.			↓		↓	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
57	/					
58	/					
59	/					
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97						
98						
99						
100						
TOTAL IND.	3		↓		↓	
TOTAL DEP.	10		↓		↓	
TOTAL CLAIMS	19					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS